2. Substance Abuse, Posttraumatic Stress Disorder and General Populations

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2004

Scheller-Gilkey, G., K. Moynes, et al. (2004). "Early life stress and PTSD symptoms in patients with comorbid schizophrenia and substance abuse." Schizophrenia Research **In Press, Corrected Proof**.

Objective: The comorbidity of schizophrenia and substance abuse is well documented and is remarkable for its prevalence and poor prognosis. While the etiology for this association is unknown, one possible mechanism relates to traumatic early life experiences, which have been shown to predispose individuals to both psychosis and substance abuse. Methods: Participants (N=122) who were outpatients in an inner city public mental health clinic and who were diagnosed with schizophrenia, were administered a battery of structured clinical assessments including the Childhood Traumatic Events Scale (CTES), Davidson PTSD rating scale, Hamilton Depression Rating Scale (HDRS), Positive and Negative Symptom Scale (PANSS), and assessments of medication satisfaction and side effects. Patients with schizophrenia and a history of substance abuse (N=70) were compared to patients with schizophrenia who did not have a history of substance abuse (N=52). Results: Patients with schizophrenia and a history of substance abuse had significantly higher frequency and severity of childhood traumatic events, greater PTSD symptomatology, significantly higher depression scores, and higher scores on the general subscale of the PANSS. Discussion: Our findings lend support to the notion that sensitization to stress from early life experiences may be a factor contributing to the high rate of substance abuse comorbidity in patients with schizophrenia.

2003

Acierno, R., et al. (2003). Introduction to the special issue: Interpersonal violence and substance use problems. Addictive Behaviors. **Vol 28(9):** 1529-1532.

Presents an overview of the articles contained in this special issue. The content represents a sampling of the state of knowledge in the field from a variety of perspectives, and a brief description of each article is offered. The editors note that 3 basic types of articles are featured: (1) review, (2) empirical data-based descriptions of process, and (3) data-based treatment outcome research. Several of the included articles deal with intimate partner violence, which the editors explain is not a sampling anomaly, and reflect the fact that violence perpetrated by family members and partners is more frequent than that imparted by strangers. Of note is the recurring relevance of PTSD to substance abuse and dependence across papers. Though the role of posttraumatic stress disorder in substance abuse etiology, maintenance, and treatment remains unclear, these papers shed some initial light on the topic. (PsycINFO Database Record (c) 2004 APA, all rights reserved)

Bleich, A., M. Gelkopf, et al. (2003). "Exposure to terrorism, stress-related mental health

symptoms, and coping behaviors among a nationally representative sample in Israel." JAMA **290**(5): 612-20.

CONTEXT: The terrorist attacks on Israeli society have been ongoing since September 2000. However, few studies have examined the impact of terrorism on nationally representative population samples, and no study has examined the psychological impact of ongoing terrorism in Israel. OBJECTIVES: To determine the level of exposure to terrorist attacks and the prevalence of traumatic stress-related (TSR) symptoms, symptoms of posttraumatic stress disorder (PTSD), and sense of safety after 19 months of terrorism in Israel, and to identify correlates of the psychological sequelae and the modes of coping with the terrorism. DESIGN, SETTING, AND PARTICIPANTS: Telephone survey conducted April-May 2002, using a strata sampling method, of 902 eligible households and a representative sample of 742 Israeli residents older than 18 years (82% contact rate) and a final participation of 512 (57%). MAIN OUTCOME MEASURES: Number of TSR symptoms, rates of those with symptom criteria for PTSD and acute stress disorder assessed by the Stanford Acute Stress Reaction Questionnaire, self-reported feelings of depression, optimism, sense of safety, help-seeking, and modes of coping. RESULTS: Of 512 survey participants, 84 (16.4%) had been directly exposed to a terrorist attack and 191 (37.3%) had a family member or friend who had been exposed. Of 510 participants who responded to questions about TSR symptoms, 391 (76.7%) had at least 1 TSR symptom (mean, 4.0 [SD, 4.5]; range, 0-23; mean intensity, 0.8; range, 0-4). Symptom criteria for PTSD were met by 48 participants (9.4%) and criteria for acute stress disorder, by 1 participant; 299 (58.6%) reported feeling depressed. The majority of respondents expressed optimism about their personal future (421/512 [82.2%]) and the future of Israel (307/509 [66.8%]), and expressed self-efficacy with regard to their ability to function in a terrorist attack (322/431 [74.6%]). Most expressed a low sense of safety with respect to themselves (307/509 [60.4%]) and their relatives (345/507 [67.9%]). Few reported a need for professional help (27/506 [5.3%]). Female sex, sense of safety, and use of tranquilizers, alcohol, and cigarettes to cope were associated with TSR symptoms and symptom criteria for PTSD; level of exposure and objective risk were not. The most prevalent coping mechanisms were active information search about loved ones and social support. CONCLUSIONS: Considering the nature and length of the Israeli traumatic experience, the psychological impact may be considered moderate. Although the survey participants showed distress and lowered sense of safety, they did not develop high levels of psychiatric distress, which may be related to a habituation process and to coping mechanisms.

Breslau, N., G. C. Davis, et al. (2003). "Posttraumatic stress disorder and the incidence of nicotine, alcohol, and other drug disorders in persons who have experienced trauma." Archives of General Psychiatry **Vol 60(3)**: 289-294.

Examines whether exposure to traumatic events increases the risk for nicotine dependence or alcohol or other drug use disorders, independent of posttraumatic stress disorder (PTSD). Prospective data covering a 10-year period and retrospective lifetime data gathered at baseline were used to estimate the risk for onset of substance use disorders in persons with PTSD and in persons exposed to trauma without PTSD, compared with persons who have not been exposed to trauma. 899 persons (aged 21-30 yrs) participated. The data show an increased risk for the onset of nicotine dependence and drug abuse or dependence in persons with PTSD, but no increased risk or a significantly lower risk in persons exposed to trauma in the absence of PTSD. Exposure to trauma in either the presence or the absence of PTSD did not predict alcohol abuse

or dependence. The findings do not support the hypothesis that exposure to traumatic events per se increases the risk for substance use disorders. A modestly elevated risk for nicotine dependence might be an exception. Posttraumatic stress disorder might be a causal risk factor for nicotine and drug use disorders or, alternatively, the co-occurrence of PTSD and these disorders might be influenced by shared risk factors other than traumatic exposure. (PsycINFO Database Record (c) 2003 APA, all rights reserved)

Chilcoat, H. D. and C. Menard (2003). Epidemiological investigations: Comorbidity of posttraumatic stress disorder and substance use disorder. Trauma and substance abuse: Causes, consequences, and treatment of comorbid disorders. P. Ouimette and P. J. Brown, Washington, DC, US: American Psychological Association**:** 9-28.

In this chapter we use an epidemiological perspective to examine the comorbidity between posttraumatic stress disorder (PTSD) and substance use disorders (SUDs). Our primary goal is to present epidemiological evidence of the association between these disorders and potential causal relationships between them. To place these finding in context, we begin the chapter by discussing the unique advantages, as well as the limitations, of epidemiological investigations of the comorbidity between these two disorders. We also present basic epidemiological concepts to guide readers who are less familiar with research in this field. Finally, we address gaps in the epidemiological literature and propose future directions for research in this area. (PsycINFO Database Record (c) 2002 APA, all rights reserved)

Conrod, P. J. and S. H. Stewart (2003). Experimental studies exploring functional relations between posttraumatic stress disorder and substance use disorder. Trauma and substance abuse: Causes, consequences, and treatment of comorbid disorders. P. Ouimette and P. J. Brown, Washington, DC, US: American Psychological Association**:** 57-71.

Reviews experimental studies exploring functional relations between posttraumatic stress disorder (PTSD) and substance use disorder. Specifically, this chapter reviews relevant laboratory findings, presents a model for understanding the mechanisms of action of drugs of abuse on PTSD symptoms, points out gaps in the literature to date, and makes suggestions for future laboratory-based experimental research. Review of several studies that used experimental methods to identify biological factors and brain structures that are implicated in the etiology of PTSD also shed light on the mechanisms of action of drugs that are often abused by individuals with PTSD (i.e., alcohol, benzodiazepines, and opioids). The model presented in this chapter also provided a framework for understanding how the use of alcohol and prescription depressant drugs could interfere with recovery from PTSD by interfering with the integration of the traumatic event into a contextually based system of memories and beliefs. (PsycINFO Database Record (c) 2002 APA, all rights reserved)

D'Angelo, M. A. (2003). Mortality in a clinical sample of Vietnam veterans diagnosed with posttraumatic stress disorder. Dissertation Abstracts International: Section B: The Sciences & Engineering. **Vol 63(7-B):** 3469.

Vietnam veterans have been reported to have excesses of deaths due to various cancers including lung and laryngeal. Moreover, this population has been shown to have elevated death rates due to accidental poisonings, motor vehicle accidents, suicide, and homicides. Causes of mortality were identified for 109 Vietnam veterans with PTSD and psychiatric predictors of mortality were determined, for a cohort of 1500 Vietnam veterans with PTSD, based on scores on the Alcohol Dependence Scale (ADS) and Beck Depression Inventory (BDI). Results indicate that the most prevalent causes of death for the 109 Vietnam veterans with PTSD were accidental poisonings, motor vehicle accidents, suicides, homicides, chronic liver disease, and acute myocardial infarction. In addition, there were no psychiatric predictors of mortality, based on ADS and BDI scores. (PsycINFO Database Record (c) 2003 APA, all rights reserved)

Gavrilovic, J., D. Lecic-Tosevski, et al. (2003). "Coping strategies in civilians during air attacks." Social Psychiatry & Psychiatric Epidemiology **Vol 38(3)**: 128-133.

The aim of the study was to investigate coping strategies used by civilians during the air attacks in Yugoslavia in 1999, and their association with the level of exposure, gender and psychological symptoms 1 year later. The sample is a non-selective group of 139 medical students (aged 21-28 yrs) from the University of Belgrade, Yugoslavia. Open questions and content analysis were used to assess coping strategies. Symptoms of intrusion and avoidance were assessed, as well as general psychological symptoms. Content analysis of answers to open questions revealed nine categories of coping strategies (sport and walks, leisure activities, talking and gathering, humor, avoidance, philosophical approach, getting information, work, and substance abuse). A cluster analysis identified three groups of students with different styles of coping. Students that used dominantly 'talking and gathering' had the highest, and the ones that mostly used 'leisure activities' the lowest scores on intrusion. There were significant gender differences in how coping strategies were associated with intrusive symptoms. Longitudinal and prospective studies are needed to draw definite conclusions on causal relationships between coping strategies and levels of posttraumatic stress. (PsycINFO Database Record (c) 2003 APA, all rights reserved)

Jelley, H. H. (2003). The effects of childhood trauma on drug and alcohol abuse in college students. Dissertation Abstracts International: Section B: The Sciences & Engineering. **Vol 63(8-B):** 3919.

This study proposed to investigate whether childhood trauma predicted college drinking and drug use. The issue of whether specific types of maltreatment (e.g., sexual abuse and physical abuse) were related to college alcohol and substance abuse was also examined. Pathways to drug and alcohol abuse were examined using three theoretical models: the Self-Medication Model, the Diatheses-Stress Model, and the Peer Influence Model. The study's participants were 143 undergraduates comprised of 94 females and 49 males. They were administered self-report questionnaires that measured the effects of childhood trauma on drug and alcohol abuse as mediated by depression, PTSD, social skills and as moderated by stress level. The study found that emotional abuse was associated with drug abuse and that physical neglect was associated with alcohol abuse. Childhood trauma was highly associated with depression and PTSD. Emotional abuse was found to be mediated by depression and PTSD in predicting drug abuse scores. Some of the study's other findings were that emotional abuse, physical abuse, and emotional neglect were significantly associated with self-esteem, emotional

abuse was significantly associated with social sensitivity and emotional neglect was significantly associated with social control. Emotional abuse was mediated by self-esteem in predicting drug abuse scores. Gender by childhood trauma interactions on the effects of drug and alcohol use were examined; there were significant effects of emotional abuse by gender, physical abuse by gender, sexual abuse by gender and physical neglect by gender. It had been hypothesized that the results of this study would confirm that childhood trauma would be associated with greater drinking and drug use in college students, this was only partially supported. However other symptomatologies such as PTSD, self-esteem and social skills may play a more important role in the development of drug and alcohol problems and thus be better indicators of individuals at risk. (PsycINFO Database Record (c) 2003 APA, all rights reserved)

Kramer, T. L., B. M. Booth, et al. (2003). Service utilization and outcomes in medically ill veterans with posttraumatic stress and depressive disorders. Journal of Traumatic Stress. **Vol 16(3):** 211-219.

This study examined behavioral health service utilization, health-related quality of life, and psychological distress in medically hospitalized male veterans (N=743) with and without current or lifetime comorbid posttraumatic stress disorder (PTSD) and depressive disorder. Participants completed psychiatric and psychosocial self-report measures at baseline and follow-up. Clinical/functional status and service utilization rates were compared for patients with PTSD only, depressive disorder only, comorbid PTSD/depressive disorder, and neither disorder. Patients with PTSD/depressive disorder were more likely to use mental health/substance abuse services, have longer lengths of stay, and report more psychological distress than others. Results indicate that screening, early detection, and referral are critical in treating these comorbid patients because of increased psychological distress and high service-use rates. (PsycINFO Database Record (c) 2003 APA, all rights reserved)

Lisak, D. and P. M. Miller (2003). Childhood trauma, posttraumatic stress disorder, substance abuse, and violence. Trauma and substance abuse: Causes, consequences, and treatment of comorbid disorders. P. Ouimette and P. J. Brown, Washington, DC, US: American Psychological Association**:** 73-88.

Investigated the relationships among childhood trauma, posttraumatic stress disorder (PTSD), substance abuse, and violence. A composite case study of a man on death row that depicted many of the complexities inherent in the relationships was presented. The case depicted a causal link between trauma and PTSD, although one mediated by contextual factors, such as the individual's home environment. It also depicted a causal link between trauma and substance abuse, that is, the use of substances to medicate the symptoms of trauma. The case also posited a contextual link between these two variables, namely, the increased risk of traumatized children being exposed to substance-abusing family members. Finally, it depicted a complex weave of interrelationships between these phenomena and the violence that brought the person to death row. Although the complex and synergistic interactions suggested by the case study may remain largely beyond the scope of empirical research, the many component relationships that make up those interactions have actually received considerable evidentiary support. The authors believe that the cumulative evidence provides a firm foundation for hypothesizing a complex, causal chain of relationships that begins with childhood trauma and ends in violence. (PsycINFO Database Record (c) 2002 APA, all rights reserved)

Marx, B. P., and D. M. Sloan (2003). The effects of trauma history, gender, and race on alcohol use and posttraumatic stress symptoms in a college student sample. Addictive Behaviors. **Vol 28(9):** 1631-1647.

The present study examined the extent to which different types of traumatic experiences interact with sex and race to affect alcohol use, posttraumatic stress symptomatology, and general psychological distress among a college student sample. Approximately 600 participants completed measures that assessed for a childhood sexual abuse (CSA) history, alcohol consumption, posttraumatic stress symptoms, and overall psychological functioning. Findings indicated that participants with a history of CSA reported greater psychological distress and posttraumatic stress symptoms compared to participants with a trauma history other than CSA and participants with no trauma history. Despite group differences in psychological distress and posttraumatic stress symptoms, no differences in alcohol use were detected across groups. Gender appeared to affect posttraumatic stress symptoms as a function of group. The implications of the results are discussed. (PsycINFO Database Record (c) 2004 APA, all rights reserved)

Medrano, M. A., J. P. Hatch, et al. (2003). "Childhood trauma and adult prostitution behavior in a multiethnic heterosexual drug-using population." Am J Drug Alcohol Abuse **29**(2): 463-86.

A cross-sectional study of the association between severity of childhood trauma and adult prostitution behaviors was conducted among 676 heterosexual drug addicts in San Antonio, Texas. Three hundred and fifty eight women and 338 men taking part in a national multisite program for AIDS prevention research completed the Childhood Trauma Questionnaire as part of a comprehensive risk behavior assessment. Women addicts in the sample were less educated, more likely to be in a common-law relationship, living with someone of the opposite sex or separated, and had lower incomes in comparison to men addicts. Among male subjects, higher educational levels and older age were positively associated with prostitution activities. Single female subjects were three times more likely to engage in selling sex than married subjects. Single women with higher incomes were more likely to be prostituting than single women with lower incomes. Black women reporting severe degrees of emotional abuse, emotional neglect, or physical neglect were more likely to engage in prostitution behavior than Hispanic or white women with similar levels of trauma. Black men with a history of childhood physical abuse were more likely to use prostitutes than Hispanic or white men.

Miller, M. W. (2003). Personality and the etiology and expression of PTSD: A three-factor model perspective. Clinical Psychology: Science & Practice. **Vol 10(4):** 373-393.

This review provides an overview of research on the influence of personality on the development, course, and behavioral expression of posttraumatic stress disorder (PTSD). The existing literature is discussed in relation to three broad-band personality traits that have been emphasized in personality and psychopathology research: negative emotionality (NEM), positive emotionality (PEM), and constraint/inhibition (CON). The primary conclusion derived from this review is that high NEM is the primary personality risk factor for the development of PTSD whereas low CON and low PEM serve as moderating factors that influence the form and expression of the disorder through their interaction with NEM. From this standpoint, a premorbid personality characterized by high NEM combined with low PEM is thought to

predispose the trauma-exposed individual towards an internalizing form of posttraumatic response characterized by marked social avoidance, anxiety, and depression. On the other hand, high NEM combined with low CON is hypothesized to predict an externalizing form of posttraumatic reaction characterized by marked impulsivity, aggression, and a propensity towards antisociality and substance abuse. (PsycINFO Database Record (c) 2004 APA, all rights reserved)

Najavits, L., R. Runkel, et al. (2003). Rates and Symptoms of PTSD among Cocaine-Dependent Patients. Journal of Studies on Alcohol. **Vol 64(5):** 601-606.

This study evaluated lifetime traumatic events and current posttraumatic stress disorder (PTSD) symptoms in a substance abuse sample. Ss consisted of 558 (75.1% male) cocaine-dependent Ss who completed self-report measures of trauma and PTSD symptoms prior to treatment entry. Results showed a high number of lifetime traumatic events, even among those without PTSD. General disaster was the most prevalent. Current PTSD was found in 10.9% of Ss, with a significantly higher rate among women (21.6%) than among men (7.2%). For Ss with PTSD, the most prominent PTSD symptom cluster was arousal, and the most common symptoms were restricted affect, detachment and irritability. Ss with PTSD endorsed a large number of symptoms; however, neither number of traumas nor type of trauma was associated with the level of PTSD symptoms. Even among those not meeting PTSD criteria, subthreshold symptoms were found, with avoidance the most prominent cluster. Sociodemographic and recent cocaine use variables did not differentiate PTSD from non-PTSD Ss. It is concluded that PTSD is present in a sizeable percentage of cocaine-dependent treatment-seeking Ss, particularly women. Clinicians might address arousal symptoms, since this was the most prominent symptom cluster and may be exacerbated by cocaine use. (PsycINFO Database Record (c) 2003 APA, all rights reserved)

Oquendo, M. A., J. M. Friend, et al. (2003). "Association of comorbid posttraumatic stress disorder and major depression with greater risk for suicidal behavior." Am J Psychiatry **160**(3): 580-2.

OBJECTIVE: Posttraumatic stress disorder (PTSD) increases the risk of suicidal behavior; a major depressive episode also increases the risk for suicidal behavior. The authors' goal was to examine the effect of comorbid PTSD and major depressive episode on suicidal behavior. METHOD: Inpatients with a diagnosis of major depressive episode (N=156) were assessed for PTSD, suicidal behavior, and clinical risk factors for suicidal acts. RESULTS: Patients with comorbid major depressive episode and PTSD were more likely to have attempted suicide, and women with both disorders were more likely to have attempted suicide than men with both disorders. Cluster B personality disorder and PTSD were independently related to history of suicide attempts. CONCLUSIONS: The greater rate of suicide attempts among patients with comorbid PTSD and major depressive episode was not due to differences in substance use, childhood abuse, or cluster B personality disorders.

Ouimette, P. and P. J. Brown (2003). Trauma and substance abuse: Causes, consequences, and treatment of comorbid disorders.

This book explores the underdiagnosed connection between drug use and posttraumatic stress disorder (PTSD). Patients with trauma-related distress such as PTSD often use alcohol and drugs in a problematic manner classifiable as substance use disorder (SUD). By not recognizing

the connection between symptoms, providers frequently misdiagnose or do not fully attend to SUD-PTSD comorbidity. This book presents research on how often the two disorders co-occur and why. Authors describe the self-medication model and explore how specific PTSD and substance use symptoms are functionally related to each other. In addition, they suggest assessment approaches and practice guidelines to facilitate proper diagnosis and treatment. Particularly valuable are descriptions of several new treatment approaches that have been developed specifically for SUD-PTSD, including cognitive-behavioral and exposure therapy (PsycINFO Database Record (c) 2002 APA, all rights reserved)

Pimlott-Kubiak,, et al. (2003). "Gender, victimization, and outcomes: Reconceptualizing risk." Journal of Consulting & Clinical Psychology **Vol 71(3)**: 528-539.

Large-scale studies of gender differences in psychopathological reactions to victimization have focused on posttraumatic stress disorder, overlooking other trauma-related disorders. The present study expands this literature with a contextualized examination of interpersonal aggression exposure and sequelae. Using k-means cluster analysis on a sample of 16,000, the authors identified 8 distinct profiles of exposure to sexual violence, physical assault, stalking, and emotional abuse. Analyses of covariance then suggested links among victimization profile, gender, and mental and physical health. Results revealed no meaningful interactive effects of gender and interpersonal aggression on outcomes, once lifetime exposure to aggressive events was adequately taken into account. These findings argue against theories of female victims' greater vulnerability to pathological outcomes, instead linking risk to exposure history. (PsycINFO Database Record (c) 2003 APA, all rights reserved)

Read, J. P., A. R. Bollinger, et al. (2003). Assessment of comorbid substance use disorder and posttraumatic stress disorder. Trauma and substance abuse: Causes, consequences, and treatment of comorbid disorders. P. Ouimette and P. J. Brown, Washington, DC, US: American Psychological Association**:** 111-125.

This chapter is designed to review theoretical and procedural approaches to the comprehensive assessment of comorbid substance use disorder-posttraumatic stress disorder (SUD-PTSD). The authors outline several widely used assessment measures as well as methods to enhance accurate assessment of PTSD and SUD symptoms, discuss the importance of assessing other comorbidities and present procedural and provider issues that may affect assessment. (PsycINFO Database Record (c) 2002 APA, all rights reserved)

Robison, B. K. (2003). Suicide risk in Vietnam veterans with posttraumatic stress disorder. Dissertation Abstracts International: Section B: The Sciences & Engineering. **Vol 63(8-B):** 3935.

The purpose of the current study was to examine the effects of alcohol abuse, depressive symptomatology, impaired social support, combat exposure, and family history of suicidality on suicidal behavior in a sample of Vietnam veterans with chronic PTSD. The study utilized archival data on 441 male Vietnam veterans assessed at the National Center for PTSD at the Palo Alto Veterans Affairs Medical Center between 1996 and 1998. Data included participants responses to several self-report measures related to the study variables. Results show that alcohol abuse, depressive symptomatology, and having a family history of suicidality to be significant risk factors for suicidal behavior. Both social support and combat exposure failed to be significantly related to suicidality in Vietnam combat veterans. The results are discussed along

with implications for future research. (PsycINFO Database Record (c) 2003 APA, all rights reserved)

Saladin, M. E., D. J. Drobes, et al. (2003). PTSD symptom severity as a predictor of cue-elicited drug craving in victims of violent crime. Addictive Behaviors. **Vol 28(9):** 1611-1629.

This study examined posttraumatic stress disorder (PTSD) symptom severity as a predictor of cue-elicited craving among alcohol- and cocaine-dependent individuals with a history of at least one physical and/or sexual assault. Approximately half of the sample had current PTSD. Severity of PTSD symptoms was measured via the Impact of Events Scale-Revised (IES-R) total severity score. Subjects listened to four trials of a brief narrative imagery script followed by the presentation of an in vivo cue. The script presentation consisted of a description of either the subject's worst traumatic event or a neutral scene. The in vivo cues consisted of the presentation of either the subject's preferred drug or neutral cues. Craving was measured in response to both the script and in vivo cues. Results indicated a high degree of correlation between self-report craving and (a) PTSD symptom severity, (b) type of substance use disorder (SUD) [alcohol dependence (AD) vs. cocaine dependence (CD)], and (c) sex and race of participant. A series of stepwise multiple regressions indicated that PTSD severity was significantly predictive of trauma cue-elicited craving and drug cue-elicited craving. The results are discussed in the context of current research, theory, and clinical practice. (PsycINFO Database Record (c) 2004 APA, all rights reserved)

Sansone, R. A., J. Hruschka, et al. (2003). "Benzodiazepine exposure and history of trauma." Psychosomatics **44**(6): 523-4.

Letter to the editor.

Seedat, S., C. le Roux, et al. (2003). "Prevalence and characteristics of trauma and post-traumatic stress symptoms in operational members of the South African National Defence Force." Mil Med **168**(1): 71-5.

The prevalence of traumatic event exposure and post-traumatic stress disorder (PTSD) were surveyed in a cohort of 198 full-time operational members of the South African National Defence Force stationed in their "home" unit between deployments. Approximately 90% of members reported having experienced or witnessed trauma in their lifetime (mean number of traumatic events = 4.3 +/- 3.2), whereas 51% reported having inflicted trauma. Twenty-six percent met diagnostic criteria for PTSD on self-report with approximately 29% with PTSD also meeting diagnostic criteria for depression. Few members, however, sought help. PTSD symptom severity was best predicted by trauma type (exposure to physical assault and infliction of life-threatening injury). These findings highlight the high rates of exposure to multiple, noncombat-related trauma in military personnel, the potentially high rates of PTSD, and the role of inflicted trauma as an additional risk factor for PTSD.

Sonne, S. C., D. Back, et al. (2003). Gender Differences in Individuals with Comorbid Alcohol Dependence and Post-traumatic Stress Disorder. American Journal on Addictions. **Vol 12(5):** 412-423.

This study investigated gender differences in a sample of outpatient, treatment-seeking individuals (N = 84) with comorbid alcohol dependence and post-traumatic stress disorder

(PTSD). Male Ss' mean age was 37.0 yrs and female Ss' mean age was 37.2 yrs. Assessments included substance use severity, trauma history, PTSD symptomatology, and comorbid psychiatric disorders. Men reported an earlier age of onset of alcohol dependence, greater alcohol use intensity and craving, and more severe legal problems due to alcohol use. Women reported greater exposure to sexually related traumas, greater frequency and intensity of avoidance of trauma-related thoughts and feelings, and greater social impairment due to PTSD. Women mere more likely than men to demonstrate higher rates of other anxiety disorders and test positive for cocaine at treatment entry. PTSD more often preceded alcohol dependence in women than in men. The results illustrate a number of gender differences that may shed light on etiologic models of comorbid alcohol dependence and PTSD. (PsycINFO Database Record (c) 2003 APA, all rights reserved)

Steindl, S. R., R. M. Young, et al. (2003). "Hazardous alcohol use and treatment outcome in male combat veterans with posttraumatic stress disorder." Journal of Traumatic Stress **Vol 16(1)**: 27-34.

The relationship between alcohol problems and posttraumatic stress disorder (PTSD) remains unclear. 608 combat veterans (mean age 51 yrs) diagnosed with PTSD were assessed for PTSD symptoms and alcohol problems prior to group cognitive-behavioral treatment. They were reassessed 3 and 9 months after treatment. Participants were classified into low-risk and hazardous drinkers at each time point. Drinking status at intake did not predict PTSD symptoms at intake or follow-up. However, drinking status was associated with PTSD symptoms when both were assessed at follow-up. PTSD arousal symptoms were the only symptom cluster to differentiate drinking groups. (PsycINFO Database Record (c) 2003 APA, all rights reserved)

Stewart, S. H. and P. J. Conrod (2003). Psychosocial models of functional associations between posttraumatic stress disorder and substance use disorder. Trauma and substance abuse: Causes, consequences, and treatment of comorbid disorders. P. Ouimette and P. J. Brown, Washington, DC, US: American Psychological Association**:** 29-55.

This chapter reviews studies using psychosocial research methods to investigate potential causal-maintenance relations, and underlying functional associations, that may explain the comorbidity of posttraumatic stress disorder (PTSD) and substance use disorder (SUD) among victims of various types of trauma. Based on their review, the authors are able to draw a number of conclusions regarding the nature of the relationship between these two disorders. It is suggested that alternative approaches to treatment of dually diagnosed SUD-PTSD patients explore the efficacy of providing brief motivational interventions for SUD in combination with PTSD treatment. (PsycINFO Database Record (c) 2002 APA, all rights reserved)

Thaller, V., S. Marusic, et al. (2003). Biological Factors in Patients with Post-traumatic Stress Disorder and Alcoholism. European Journal of Psychiatry. **Vol 17(2):** 87-98.

Exposure to numerous stressful events cause the development of body defence mechanisms, as a result of numerous factors, where mostly the CNS, but also the adrenal and cardiorespiratory system play the major roles. When the inner homeostasis is endangered, the neuroendocrine system is activated, and its response to danger depends upon the intensity of the stressor, duration of exposure and capability of the system to compensate stress. The exposure to stress and the direct effect of the stressor initiates yet another defence mechanism, that is the

increased consumption of alcohol, as a manner of self-medication under the direct influence of the stressor. Both PTSD and alcoholism can gradually lead to damage to the neuroendocrine system. In our study of the function of the neuroendocrine system, we included patients suffering from PTSD and alcoholism and a group of patients suffering only from alcoholism. We measured the levels of cortisol in serum and 24 hr urine, dexamethasone suppression test and serum levels of ACTH, TSH, T3, T4, testosterone, prolactine and growth hormone. The presence of alterations of the neuroendocrine axes in both groups of subjects tested is more pronounced in the group of subjects with comorbidity of PTSD and alcoholism. (PsycINFO Database Record (c) 2003 APA, all rights reserved)

Vaidya, N. A., et al. (2003). A Comparison of Personality Characteristics of Patients with Posttraumatic Stress Disorders and Substance Dependence: Preliminary Findings. Journal of Nervous & Mental Disease. **Vol 191(9):** 616-618.

Patients with familial and primary alcohol and substance abuse exhibit high novelty seeking, low harm avoidance, and low reward dependence (Cloninger et al., 1987). We hypothesized that patients with posttraumatic stress disorder (PTSD) with comorbid substance abuse will be similar in temperament to other substance abusers. The remainder of patients with PTSD will be similar to patients with other anxiety disorders who tend to have high harm avoidance. The results were based on findings in 31 men from either an outpatient PTSD clinic (mean age 53.89 yrs) or a drug dependency treatment program (mean age 40.7 yrs) at a Veterans Affairs medical center. The findings indicate that substance-dependent Ss had high novelty seeking, average harm avoidance, and average reward dependence, whereas PTSD Ss had average novelty seeking, high harm avoidance, and low reward dependence. Based on the Temperament and Character Inventory profile, pure substance abuse patients can be distinguished from PTSD Ss, but PTSD patients who abuse substances cannot be distinguished from those who do not. Although preliminary and limited by a small sample, these findings suggest that substance abuse in PTSD patients is not a function of high novelty seeking behaviors. (PsycINFO Database Record (c) 2003 APA, all rights reserved)

Zatzick, D. (2003). "Posttraumatic stress, functional impairment, and service utilization after injury: a public health approach." Semin Clin Neuropsychiatry **8**(3): 149-57.

Each year in the United States approximately 2.5 million Americans incur injuries so severe that they require inpatient admissions to acute care medical settings. This article reviews the development of posttraumatic stress disorder (PTSD) and related comorbid medical conditions among injured trauma survivors. Between 10% and 40% of injured trauma survivors appear to develop PTSD in the weeks and months after their injury. The symptoms of PTSD are clearly linked to a broad spectrum of functional impairment and diminished well-being in injured patients. Although PTSD, depression, somatic amplification, and recurrent substance use are common disturbances after injury, it appears that few symptomatic trauma survivors receive formal mental health evaluation or treatment. Substantial perceived and structural barriers to accessing care exist for injured trauma survivors. The public health significance of these findings is discussed and implications for future intervention development are explored in the following chapters.

Zoricic, Z., D. Karlovic, et al. (2003). Comorbid alcohol addiction increases aggression level in

soldiers with combat-related post-traumatic stress disorder. Nordic Journal of Psychiatry. **Vol 57(3):** 199-202.

The aim of this study was to compare aggressive behavior in soldiers with combat-related posttraumatic stress disorder (PTSD), PTSD comorbid with alcohol addiction and alcohol addiction only. Three groups of male combat experienced soldiers with PTSD (n=43), PTSD comorbid with alcohol addiction (n=41) and alcohol addiction (n=39) were compared by Aggression rating scale A-87. PTSD was diagnosed according to DSM-IV criteria and Watson's PTSD rating scale. Alcohol addiction was diagnosed according to DSM-IV criteria and CAGE Questionnaire. Combat-experienced soldiers with alcohol addiction as well as soldiers with combat-related PTSD comorbid with alcohol addiction have a high level of verbal latent aggression (VLA), physically latent aggression (PLA), indirect aggression (INA), verbal manifest aggression (VMA), and physically manifest aggression (PMA), vs. soldiers with combat-related PTSD without comorbid conditions. Alcohol addiction is a severe factor in increasing aggression levels in soldiers with PTSD. (PsycINFO Database Record (c) 2003 APA, all rights reserved)

2002

Albert, D. B. (2002). Prevalence and patterns of Post-Traumatic Stress Disorder among persons with severe mental illness. Dissertation Abstracts International: Section B: The Sciences & Engineering. **Vol 63(4-B):** 2048.

This study investigated the prevalence and patterns of Post-Traumatic Stress Disorder (PTSD) in a multi-site stratified probability sample of 1,005 psychiatric aftercare patients in Chicago, Illinois. The results of this study confirm that PTSD disproportionately afflicts persons with severe mental disorders: the rate of 12-month PTSD in our sample was 21.12%. This study also confirms that PTSD is grossly underdiagnosed in clinical settings that serve persons with severe mental disorders: only 2.69% of our subjects had a chart diagnosis of PTSD. Rates of current PTSD were significantly associated with gender, race/ethnicity, and psychiatric diagnosis. Female subjects were significantly more likely than male subjects to have PTSD (26.89% vs. 15.42%). Hispanic subjects had the highest rate of PTSD (29.11%), followed by African-American subjects (20.15%), and non-Hispanic white subjects (12.60%). Rates of PTSD were highest among subjects with Bipolar Disorder (37.40%), followed by Obsessive-Compulsive Disorder (36.13%), Psychotic Disorder (32.51%), and Major Depressive Disorder (29.96%). Overall, seven demographic and diagnostic factors emerged as significant risk factors for PTSD (and for underdiagnosis): (1) female gender; (2) African-American race/ethnicity; (3) Hispanic race/ethnicity; (4) a comorbid Bipolar Disorder; (5) comorbid Obsessive-Compulsive Disorder; (6) a comorbid Psychotic Disorder; and (7) a comorbid Major Depressive Disorder. Three other notable findings emerged. First, the relationship between PTSD and Hispanic race/ethnicity could largely be accounted for by subjects who identified themselves as Puerto Rican, who had nearly twice the rate of current PTSD compared with non-Puerto Rican Hispanics. Second, the disproportionately high rate of PTSD among female subjects could be partially explained by higher reported rates of rape and sexual molestation relative to male subjects. Third, there was no significant relationship between Alcohol or Drug Abuse/Dependence and PTSD in our sample. The implications of these findings for treatment, public health policy, and further research are discussed. (PsycINFO Database Record (c) 2003

APA, all rights reserved)

Bastiaens, L. and J. Kendrick (2002). "Trauma and PTSD among substance-abusing patients." Psychiatr Serv **53**(5): 634.

Exposure to a traumatic event and posttraumatic stress disorder (PTSD) are more prevalent among persons with substance use disorders than in the general population (1). Early diagnosis of this dual problemCPTSD and a substance use disorderCmay lead to better treatment outcomes because both conditions can then be treated concurrently (2). We sought to determine whether the use of a structured psychiatric interview would significantly improve the identification of a history of trauma and the diagnosis of PTSD in a chronically substance-abusing population.

Birknes, B. F. and K. Ravnanger (2002). "Rusmisbrukere og traume. En undersokelse av traumatiske hendelser og posttraumatisk stresslidelse blant rusmisbrukere
Substance abusers and trauma. An investigation of traumatic and post traumatic stress disorder among substance abusers." Tidsskrift for Norsk Psykologforening **Vol 39(9)**: 823-825.

Studied traumatic experiences and Post Traumatic Stress Disorder among substance abusers. Subjects (Ss) were 18 men and women (aged 22-55 yrs) in Norway. Ss were interviewed and given the "Sjekkliste for livshendelser", a check list on exposure to different types of traumatizing experiences. To find out whether traumatic experiences had an effect on Ss, the Structured Clinical Interview for the Fourth Revision of the DSM (DSM-IV) was used. Results show that all but one of the Ss had experienced many traumatic events during their lifetimes. Female Ss had experienced more traumatic experiences than males Ss. Interviews revealed that 66% of Ss had experiences that fulfilled criteria for PTSD. In all, 88% of men and 100% of women had experienced at least one traumatic event that fulfilled criteria on the DSM-IV. In relation to whether Ss felt their was a correlation between their substance abuse and traumatic experiences, 61% answered, "Yes", and 27% answered "No." (PsycINFO Database Record (c) 2003 APA, all rights reserved)

Breslau, N. (2002). "Epidemiologic studies of trauma, posttraumatic stress disorder, and other psychiatric disorders." Can J Psychiatry **47**(10): 923-9.

This paper reviews recent epidemiologic studies of posttraumatic stress disorder (PTSD) in the general population. Estimates of the prevalence of exposure to traumatic events vary with the method used to ascertain trauma exposure and the definition of the stressor criterion. Changes in the DSM-IV definition of "stressor" have increased the number of traumatic events experienced in the community that can be used to diagnose PTSD and thus, the number of PTSD cases. Risk factors for PTSD in adults vary across studies. The 3 factors identified as having relatively uniform effects are 1) preexisting psychiatric disorders, 2) a family history of disorders, and 3) childhood trauma. In civilian populations, women are at a higher risk for PTSD than are men, following exposure to traumatic events. Most community residents have experienced 1 or more PTSD-level traumas in their lifetime, but only a few succumb to PTSD. Trauma victims who do not succumb to PTSD are not at an elevated risk for the subsequent onset of major depression or substance use disorders, compared with unexposed persons.

Coffey, S. F., M. E. Saladin, et al. (2002). "Trauma and substance cue reactivity in individuals

with comorbid posttraumatic stress disorder and cocaine or alcohol dependence." Drug Alcohol Depend **65**(2): 115-27.

Although the high comorbidity of posttraumatic stress disorder (PTSD) and substance use disorders has been firmly established, no laboratory-based studies have been conducted to examine relationships between the two disorders. Using cue reactivity methodology, this study examined the impact of personalized trauma-image cues and in vivo drug cues on drug-related responding (e.g. craving) in individuals with PTSD and either crack cocaine (CD) or alcohol dependence (AD). CD and AD groups displayed reactivity to both trauma and drug cues when compared to neutral cues, including increased craving. However, the AD group was more reactive than the CD group to both classes of cues. The CD participants were more reactive to trauma-image cues if drug-related material was included in the image while the AD participants were reactive to the trauma cues regardless of drug-related content. It is hypothesized that PTSD-related negative emotion may play a relatively more important role in the maintenance of AD when compared to CD. Evidence that substance dependent individuals with PTSD report increased substance craving in response to trauma memories is offered as a potential contributing factor in the poorer substance abuse treatment outcomes previously documented in this comorbid population.

Divone, C. H. (2002). PTSD: Long-term consequence of childhood physical and sexual abuse in a male substance abusing population. Dissertation Abstracts International: Section B: The Sciences & Engineering. **Vol 62(11-B):** 5369.

The purpose of this study was to explore the usefulness of conceptualizing posttraumatic stress disorder (PTSD) as one long-term consequence of childhood physical abuse (CPA) and childhood sexual abuse (CSA), hypothesizing that the overwhelming experience of CPA and/or CSA can play a role in the development of PTSD and in the development and progression of substance use disorders. In the present study CPA, CSA, and PTSD prevalence rates were assessed on 100 men seeking treatment for substance abuse. Age of substance use onset and drug of choice were also examined. All participants were administered the Sexual Abuse Exposure Questionnaire, the Physical Punishment Scale of the Assessing Environments III, the Los Angeles Symptom Checklist, and a questionnaire assessing demographic variables. The PTSD positive rate in this clinical population was 35%; the prevalence of CPA was 52%; and the prevalence of some form of CSA was 26%, with 15% of the men reporting contact exposure. Significant correlations between PTSD severity and CSA and CPA were obtained. The age of onset of substance use was found to be inversely significantly correlated with the number and severity of childhood sexually abusive experiences and severe childhood physical abuse. These findings underscore the value of screening all patients seeking treatment for substance abuse for CPA, CSA, and PTSD. (PsycINFO Database Record (c) 2002 APA, all rights reserved)

Droege, V. M. (2002). "Design and interpretability of findings in a family study to investigate posttraumatic stress disorder." Journal of Clinical Psychiatry **Vol 63(6)**: 537-538.

Comments on the article by L. C. Dierker and K. R. Merikangas (see record 2001-09201-009) which discussed the findings from a family study of substance abuse and anxiety disorders. The current author states that the study by Dierker and Merikangas contained many shortcomings that make the results difficult to place within the growing body of literature about associations between posttraumatic stress disorder (PTSD) and other psychiatric disorders.

Greenspan, A. I. and A. L. Kellermann (2002). "Physical and psychological outcomes 8 months after serious gunshot injury." J Trauma **53**(4): 709-16.

BACKGROUND: The purpose of this study was to determine the health status and psychological distress of gunshot injury victims 8 months after hospital discharge. METHODS: Sixty patients admitted to a Level I trauma center for firearm-related injuries were interviewed during their hospitalization and again 8 months postdischarge. Health status was measured using the Medical Outcomes Study 36-Item Short Form Health Survey (SF-36). Symptoms of posttraumatic stress (avoidance and intrusion) were assessed using the Impact of Event Scale. RESULTS: Subjects were predominantly young (mean age, 30 years), male (92%), and African-American (95%). Mean SF-36 scores at follow-up were significantly worse than preinjury scores for all subscales ($p < 0.05$). Symptoms of posttraumatic stress were common; 39% of respondents reported severe intrusive thoughts and 42% reported severe avoidance behaviors. Admission Injury Severity Scores did not predict poor health status 8 months postdischarge, but intrusion symptoms were strongly associated with lower SF-36 scores. CONCLUSION: Many hospitalized survivors of gunshot injuries report significant long-term declines in physical and/or mental health. Injury severity at hospital admission may not be predictive of long-term health status.

Hall, C. W. and R. E. Webster (2002). "Traumatic symptomatology characteristics of adult children of alcoholics." J Drug Educ **32**(3): 195-211.

Traumatic experience symptomatology, resiliency factors, and stress among young adults who had experienced alcoholism within their family of origin were assessed in comparison to adults who as children experienced traumatic life events other than alcoholism and those who indicated neither problem (parental alcoholism or traumatic life event) during their childhood. These three groups were compared on self-report measures of stress, resiliency, depressive symptomatology, and trauma symptoms. Results indicated adult children of alcoholics (ACOA) had more self-reported stress, more difficulty initiating the use of mediating factors in response to life events, and more symptoms of personal dysfunction than the control group. Results suggest ACOAs may develop less effective stress management strategies and present more clinically at-risk patterns of responses than their counterparts.

Ismail, K., et al. (2002). "The mental health of UK Gulf war veterans: Phase 2 of a two phase cohort study." BMJ: British Medical Journal **Vol 325(7364)**: 576-581.

Examined the prevalence of psychiatric disorders in veterans of the Gulf war with or without unexplained physical disability and in similarly disabled veterans who were not deployed to the Gulf war (non-Gulf veterans). Phase 1 consisted of three samples of Gulf veterans, veterans of the 1992-97 Bosnia peacekeeping mission, and UK military personnel not deployed to the Gulf war (Era veterans) who completed a postal health questionnaire. Phase 2 consisted of subsamples from phase 1 of Gulf veterans who reported physical disability (n=111) or who did not report disability (n=98) and of Bosnia (n=54) and Era (n=79) veterans who reported physical disability. Psychiatric disorders were assessed by the schedule for clinical assessment in neuropsychiatry and classified by the DSM-IV. Only 27 of the disabled Gulf veterans had a formal psychiatric disorder (depression, anxiety, or alcohol related disorder). The

prevalence of psychiatric disorders in non-disabled Gulf veterans was 12%. Disability and psychiatric disorders were weakly associated in the Gulf group when confounding was adjusted for. The prevalence of psychiatric disorders was similar in disabled non-Gulf veterans and disabled Gulf veterans (19% vs 24%). All groups had rates for post-traumatic stress disorder of between 1%-3%. (PsycINFO Database Record (c) 2003 APA, all rights reserved)

Kang, S. Y., S. Deren, et al. (2002). "Relationships between childhood abuse and neglect experience and HIV risk behaviors among methadone treatment drop-outs." Child Abuse and Neglect **26**(12): 1275-89.

OBJECTIVE: The purpose of this study was to examine the relationships between childhood abuse/neglect experiences (sexual abuse, physical abuse, emotional abuse, and child neglect) and adult life functioning among Methadone Maintenance Treatment Program (MMTP) drop-outs. METHOD: 432 subjects who dropped out of MMTP were recruited in New York City in 1997-1999. Adult life functioning was measured by HIV drug and sex risk behaviors, Addiction Severity Index (ASI) composite scores, and depression. The chi(2) tests, t tests, correlation, and multiple logistic regressions were performed to examine the relationships between abuse experiences and adult life functioning. RESULTS: The prevalence of child abuse/neglect history was high among MMTP drop-outs: sexual abuse-36%; physical abuse-60%; emotional abuse-57%; child physical neglect-66%; all four experiences-25%. As assessed via ASI composite scores, those who had been abused in childhood had significantly more medical, legal, relationship, and psychological problems than those who had not. Overall, several significant associations were found between the abuse experiences and HIV risk behaviors. Those who had experienced child neglect were more likely to be HIV positive. In multivariate analyses, childhood physical abuse was a significant predictor of having multiple sex partners while depression was significantly related to injection drug use in adulthood ($p<.05$). There were trends for the relationships between childhood sexual abuse and HIV sex risk behavior ($p<.10$) and between gender and injection drug use ($p<.10$). CONCLUSIONS: The findings support a need for drug treatment programs that include specialized therapies for those who suffered childhood abuse and neglect experiences.

Koenen, K. C., R. Harley, et al. (2002). "A twin registry study of familial and individual risk factors for trauma exposure and posttraumatic stress disorder." J Nerv Ment Dis **190**(4): 209-18.

This study examines the association of individual and familial risk factors with exposure to trauma and posttraumatic stress disorder (PTSD) in male twins (N = 6744) from the Vietnam Era Twin Registry. Independent reports of familial psychopathology from co-twins were used to avoid the potential biases of the family history method. Risk for exposure to traumatic events was increased by service in Southeast Asia, preexisting conduct disorder, preexisting substance dependence, and a family history of mood disorders whose effects appear to be partly genetic. Preexisting mood disorders in the individual were associated with decreased odds of traumatic exposure. Risk of developing PTSD following exposure was increased by an earlier age at first trauma, exposure to multiple traumas, paternal depression, less than high school education at entry into the military, service in Southeast Asia, and preexisting conduct disorder, panic disorder or generalized anxiety disorder, and major depression. Results suggest the association of

familial psychopathology and PTSD may be mediated by increased risk of traumatic exposure and by preexisting psychopathology.

Kunzke, D., B. Strauss, et al. (2002). "Die Bedeutung von traumatischen Erfahrungen und Bindungsstoerungen fuer die Entstehung und Psychotherapie des Alkoholismus: Eine Literaturuebersicht

The significance of traumatic experiences and attachment disturbances for the onset and psychotherapy of alcoholism: A literature review." Zeitschrift fuer Klinische Psychologie, Psychiatrie und Psychotherapie **Vol 50(2)**: 173-194.

This article presents a review of the existing empirical findings on the correlations between posttraumatic stress disorder and alcohol dependency on the one hand and between attachment patterns and alcoholism on the other hand. The possible influence of attachment experience and trauma on the development of alcohol dependency and their implications for psychodynamic treatment approaches are discussed. Of special interest in this context seems P. Fonagy's (1996) hypothesis that especially severe personality disorders often suffer from inhibited cognitive reflexivity against potentially traumatic experiences. According to this theory, those inhibitions have their origin not only in the severity of traumatic experiences, but also in a negative interaction between difficult attachment experiences and traumatic experiences. This assumption provides a linkage between the concepts of trauma and attachment research; at the same time, it seems of immediate clinical relevance. (PsycINFO Database Record (c) 2002 APA, all rights reserved)

Langeland, W., N. Draijer, et al. (2002). "Trauma and dissociation in treatment-seeking alcoholics: Towards a resolution of inconsistent findings." Comprehensive Psychiatry **Vol 43(3)**: 195-203.

Despite consistent empirical evidence for a trauma-dissociation (T-D) relation, contradictory findings have been reported on this relation among substance abusers. The present study assessed these inconsistencies by testing hypotheses related to problems regarding the measurement of childhood abuse, the measurement of psychological dissociation, and the potential existence of substance abuse as a form of chemical dissociation. 155 alcoholic 23-70 yr olds were administered the Dissociative Experiences Scale (DES) and other measures of stress and posttraumatic stress disorder (PTSD). Substantial rates of traumatization and PTSD were observed, as well as a significant trauma-PTSD relation. However, the mean DES score was low and dissociation was not related to trauma (childhood or lifetime) or to PTSD. Years of lifetime regular medicine use, however, was significantly correlated with the severity of dissociative symptoms and PTSD, particularly in males. Overall findings suggest that absence of a T-D relation in alcoholics may not be due to measurement problems of childhood abuse and/or dissociation. Rather, a T-D link may not exist, particularly in male alcoholics, because these Ss may abuse substances to achieve dissociative-like states. (PsycINFO Database Record (c) 2002 APA, all rights reserved)

Langeland, W., W. Van Den Brink, et al. (2002). "Trauma, trauma-related distress, and perceived parental dysfunction: Associations with severity of drinking problems in treated alcoholics." Journal of Nervous & Mental Disease **Vol 190(5)**: 337-340.

Examined the relationship between childhood abuse and alcohol problem severity in 155 treated alcoholics in an alcohol treatment program. The author examined a broad spectrum of environmental hazards (childhood abuse, perceived parental dysfunction, parental alcohol problems, early parental loss, witnessing domestic violence, and adult victimization), childhood abuse severity, and lifetime diagnosis of posttraumatic stress disorder (PTSD). Findings suggest that the severity of drinking problems in treated male alcoholics was related to neither trauma nor childhood neglect. Among women, however, both childhood dual abuse and perceived maternal dysfunction might be associated with the severity of drinking problems. (PsycINFO Database Record (c) 2002 APA, all rights reserved)

Lehman, C. L. and R. C. Cheung (2002). "Depression, anxiety, post-traumatic stress, and alcohol-related problems among veterans with chronic hepatitis C." Am J Gastroenterol **97**(10): 2640-6.

OBJECTIVE: The aim of this study was to determine the incidence of psychiatric comorbidities among veterans with chronic hepatitis C. METHODS: Depression, anxiety sensitivity, post-traumatic stress symptoms, and alcohol use were assessed using standardized questionnaires in 120 consecutive veterans with chronic hepatitis C referred to the Liver Clinic. RESULTS: Using well-established scoring criteria of the questionnaires, clinically significant levels of depression (44.2%), anxiety (38.1%), post-traumatic stress disorder (20.8%), and alcohol-related problems (26.7%) were observed. The majority of patients had a clinically significant score for at least one questionnaire, whereas 37.2% had significant scores in two or more questionnaires. Positive correlations were found between post-traumatic symptoms and depressive symptoms, anxiety sensitivity, and alcohol use problems. Depressive symptoms were also correlated with anxiety. Responses to the questionnaires, in general, correlated poorly with psychiatric histories documented in the medical record. Overall, 79 (65.8%) patients had one or more possible contraindications to antiviral therapy: coexisting unstable psychiatric disorders and/or recent substance use was found in 73.4% of these patients. CONCLUSIONS: Psychiatric comorbidities were very common among veterans with chronic hepatitis C and correlated poorly with diagnoses documented in the medical record. We recommend a multidisciplinary approach that includes psychological assessment using standardized questionnaires in the evaluation of these patients for antiviral therapy.

Macleod, A. D. and S. G. Duffy (2002). "Methadone, morphine and PTSD." Australian & New Zealand Journal of Psychiatry **Vol 36(6)**: 816-817.

States that high rates of comorbidity suggests that posttraumatic stress disorder (PTSD) and substance use disorders are functionally related to one another. There is emerging consensus that PTSD encourages self-medication and that substance withdrawal amplifies PTSD symptoms. Opioid dysregulation is a feature of PTSD which has been conceptualized as both opioid deficient and opioid excess states. Methadone possesses antagonistic action of the glutamate receptor N-methyl-D-aspartate, whereas morphine does not. The glutamatergic system is a psycho-biological pathway conceptually implicated in PTSD. Methadone is a pure mu receptor antagonist, devoid of morphine kappa receptor action. The endogenous opioids involved in the human stress response are active at the mu receptors. Therefore, methadone may not be the ideal maintenance opioid for persons with PTSD and substance abuse. (PsycINFO Database Record (c) 2002 APA, all rights reserved)

Marshall, G. N., M. Orlando, et al. (2002). "Development and validation of a modified version of the Peritraumatic Dissociative Experiences Questionnaire." Psychol Assess **14**(2): 123-34.

This article reports results from 3 studies conducted to develop and validate a modified version of the self-administered form of the Peritraumatic Dissociative Experiences Questionnaire (PDEQ; C. R. Marmar, D. S. Weiss, & T. J. Metzler, 1997). The objective was to develop an instrument suitable for use with persons from diverse ethnic and socioeconomic backgrounds. In Study 1, the original PDEQ was administered to a small sample (N = 15) recruited from among men admitted to the hospital for physical injuries stemming from exposure to community violence. Results led to modifications aimed at improving the utility of the instrument. In Study 2, the modified PDEQ was subjected to structural equation modeling and item response theory analyses to assess its psychometric properties in a larger, primarily male, sample of community violence survivors (N = 284). In Study 3, the reliability and validity of the modified instrument were further assessed in a sample of female survivors of sexual assault (N = 90). Results attest to the psychometric properties as well as the reliability and validity of the modified 8-item PDEQ.

op den Velde, W., P. G. Aarts, et al. (2002). "Alcohol use, cigarette consumption and chronic post-traumatic stress disorder." Alcohol Alcohol **37**(4): 355-61.

AIMS: The relationship between alcohol consumption, cigarette smoking and post-traumatic stress disorder (PTSD) was studied in 147 male former members of the civilian resistance against the Nazi occupation of Holland during World War II. METHODS: The subjects were interviewed at home. Measures included rating of current PTSD and a self-report measure of smoking and alcohol use. RESULTS: The weekly alcohol consumption reported by veterans was substantially below that of the general population. Furthermore, there was no significant difference in self-reported alcohol consumption between veterans with and without current PTSD. Cigarette smoking, however, was more prevalent in those with current PTSD. CONCLUSIONS: The absence in these veterans of a correlation between PTSD and alcohol consumption is contrary to the results of most studies on this subject. It may be related to the exclusion from organized resistance activities of people prone to the over-consumption of alcohol. It is hypothesized that, in trauma survivors, current substance use is associated with peri-traumatic patterns of psychological tension-reduction modes.

Prigerson, H. G., P. K. Maciejewski, et al. (2002). "Population attributable fractions of psychiatric disorders and behavioral outcomes associated with combat exposure among US men." American Journal of Public Health **Vol 92(1)**: 59-63.

Examined the effects of combat exposure on mental, social, and economic health. 2,578 males (aged 18-54 yrs) completed interviews and questionnaires concerning combat exposure, and were assessed for posttraumatic stress disorder (PTSD) and other behavioral problems. Population attributable fractions of psychiatric disorders and behavioral outcomes were calculated. Results show that combat exposure contributed heavily to a variety of negative effects, including 27.8% for 12-mo PTSD, 7.4% for 12-mo major depressive disorder, 8% for 12-mo substance abuse disorder, 11.7% for 12-mo job loss, 8.9% of current unemployment, 7.8% of current divorce or separation, and 21% of current spouse or partner abuse. (PsycINFO Database Record (c) 2002 APA, all rights reserved)

Rocevic-Grzeta, I., L. Moro, et al. (2002). "Post-traumatic stress disorder and alcohol use disorder." Primary Care Psychiatry **Vol 8(2)**: 55-62.

In this work we examined alcohol use disorder in 52 war veterans who were suffering from post-traumatic stress disorder and compared them with 29 veterans who were traumatized but who not developed a clinical picture of post-traumatic stress disorder 30 general population controls. The objective of this work was to establish the cluster symptoms of post-traumatic stress disorder that are related to alcohol use disorder and connected with depression. All of the respondents were males. Results showed no statistically significant differences in the incidence of alcohol use disorder between traumatized patients who had and those who had not developed post-traumatic stress disorder, but there was a significant statistical difference for both these groups in relation to the control group. The variables that correlated positively with alcohol use disorder were the cluster symptoms of re-experiencing and the arousal symptom of the traumatized group and there was also increased depression in both veteran groups examined. (PsycINFO Database Record (c) 2002 APA, all rights reserved)

Stewart, S. H. and A. L. Israeli (2002). Substance abuse and co-occurring psychiatric disorders in victims of intimate violence. The violence and addiction equation: Theoretical and clinical issues in substance abuse and relationship violence. C. Wekerle and A.-M. Wall, New York, NY, US: Brunner-Routledge**:** 98-122.

Explores the possible roles that a variety of psychological disorders might play in the well-documented relation between violence exposure and substance disorders in victims of familial violence. Three specific disorders are focused upon: depression, posttraumatic stress disorder, and sexual dysfunction. The authors first examine the mental health correlates of exposure to familial childhood physical and sexual abuse, including both psychiatric disorders and substance-related disorders. Included are studies with adults using long-term retrospective methodologies, studies with adolescents conducted closer in time to the childhood violence exposure, and a few prospective, longitudinal studies. Studies concerning the mental health correlates of partner-to-partner violence ("spousal battery"), including both psychiatric and chemical use disorders, are reviewed next. The authors explore specific mechanisms that may explain the higher rates of both certain psychiatric disorders and of substance-related disorders among victims of domestic violence, and review evidence regarding comorbidity and potential function relations. Finally, a methodological critique of studies is provided and suggestions are proposed for future research. (PsycINFO Database Record (c) 2002 APA, all rights reserved)

Tyler, K. A. (2002). "Social and emotional outcomes of childhood sexual abuse: A review of recent research." Aggression & Violent Behavior **Vol 7(6)**: 567-589.

A total of 41 articles examined the social and emotional outcomes of childhood sexual abuse. The outcomes examined included suicide and substance use, gang involvement, pregnancy, running away, post-traumatic stress disorder (PTSD), risky sexual behavior, and behavioral problems. Results for each of these outcomes tended to vary by developmental period. However, problems of internalizing and externalizing behavior appeared to be specific to sexually abused children of all age groups. Some studies found differences in outcome according to gender, race, and age. Although findings related to abuse characteristics were found to vary from study to study, severity of the abuse, use of force, and victim's relationship to the

perpetrator were found to be especially important. Other factors, such as family support and parental monitoring, were found to mitigate a negative outcome. Limitations are discussed along with suggestions for future research. (PsycINFO Database Record (c) 2002 APA, all rights reserved)

Zatzick, D. F., G. J. Jurkovich, et al. (2002). "Posttraumatic stress, problem drinking, and functional outcomes after injury." Arch Surg **137**(2): 200-5.

HYPOTHESIS: Patients undergoing trauma surgery for injury who have subsequent posttraumatic stress disorder (PTSD) or problem drinking will demonstrate significant impairments in functional outcomes compared with patients without these disorders. DESIGN: Prospective cohort study. SETTING: Level I academic trauma center. PARTICIPANTS: One hundred one randomly selected survivors of intentional and unintentional injuries were interviewed while hospitalized and again 1 year later. The investigation achieved a 73% 1-year follow-up rate. MAIN OUTCOME MEASURES: Posttraumatic stress disorder was assessed with the Post-traumatic Stress Disorder Checklist and problem drinking was assessed with the Alcohol Use Disorder Identification Test. Functional status was assessed with the Medical Outcomes Study 36-Item Short-Form Health Survey. RESULTS: One year after injury, 30% of patients (n = 22) met symptomatic criteria for PTSD and 25% (n = 18) had Alcohol Use Disorder Identification Test scores indicative of problem drinking. Patients with PTSD demonstrated significant adverse outcomes in 7 of the 8 domains of the Medical Outcomes Study 36-Item Short-Form Health Survey compared with patients without PTSD. In multivariate models that adjusted for injury severity, chronic medical conditions, age, sex, preinjury physical function, and alcohol use, PTSD remained the strongest predictor of an adverse outcome. Patients with problem drinking did not demonstrate clinically or statistically significant functional impairment compared with patients without problem drinking. CONCLUSIONS: Posttraumatic stress disorder persisted in 30% of patients 1 year after traumatic injury and was independently associated with a broad profile of functional impairment. The development of treatment intervention protocols for trauma patients with PTSD is warranted.

Zatzick, D. F., S.-M. Kang, et al. (2002). "Predicting posttraumatic distress in hospitalized trauma survivors with acute injuries." American Journal of Psychiatry **Vol 159(6)**: 941-946.

Interviewed 101 randomly selected survivors (aged 14-65 yrs) of motor vehicle crashes or assaults while hospitalized and 1, 4, and 12 mo after injury. In the surgical ward, inpatients were screened for posttraumatic stress disorder (PTSD), depressive, and dissociative symptoms, for prior trauma, for pre-event functioning, and for alcohol and drug intoxication. Patient demographic and injury characteristics were also recorded. Random coefficient regression models were used to assess the association between these clinical, injury, and demographic characteristics and PTSD symptom levels over the year after the injury. Of the 101 surgical inpatients, 73% screened positive for high levels of symptomatic distress and/or substance intoxication. At 1, 4, and 12 mo after the injury, 30%-40% reported symptoms consistent with a diagnosis of PTSD. High ward PTSD symptom levels were the strongest and most parsimonious predictor of persistent symptoms over the course of the year. Greater prior trauma, stimulant intoxication, and female gender were also associated with higher symptom levels. Increasing injury severity, however, was not associated with higher PTSD symptom levels. It is concluded that effectiveness trials that test screening and intervention procedures for at-risk inpatients

should be developed. (PsycINFO Database Record (c) 2002 APA, all rights reserved)

2001

Benda, B. B. (2001). "Predictors of rehospitalization of military veterans who abuse substances." Social Work Research **Vol 25(4)**: 199-212.

The study reported in this article is of a systematic random sample of 600 homeless Vietnam veterans, ages 46 to 65, who abuse substances, many of whom are comorbid with psychological afflictions. All of these veterans were in a Midwestern residential program for homeless substance abusers at the time of the interview. Cox's proportional model was used to estimate the relative rate of rehospitalization (hazard function) across the follow-up interval of two years by the predictors. The ecological predictors include, but are not limited to, demographic characteristics, history of drug and psychiatric treatment, psychological afflictions, abuse before 18 years of age, inner strengths, social support, religiosity, and direct combat experience in Vietnam. The range of ecological factors investigated presents more comprehensive findings for future conceptual models and for more thorough social work intervention. (PsycINFO Database Record (c) 2002 APA, all rights reserved)

Breslau, N. (2001). "Outcomes of posttraumatic stress disorder." J Clin Psychiatry **62**(Suppl 17): 55-9.

The typical reaction to a life-threatening experience is one of distress, anxiety, and fear. This is characteristic of the basic survival instinct; these emotions enhance the individual's memory of the traumatic experience and thus serve to help in the recognition and avoidance of similarly dangerous situations in the future. In a significant minority of individuals, however, the natural reaction to trauma becomes uncontrollably and disastrously intensified, resulting in the symptoms of posttraumatic stress disorder (PTSD). PTSD varies in severity and duration between individuals, often relating to personal characteristics and the nature of the trauma to which a person is subjected. However, several factors, namely, chronicity, impairment, comorbidity, and somatization, are significantly related to and can influence the course of PTSD and subsequent outcome. This article briefly reviews each of these factors.

Creamer, M., P. Burgess, et al. (2001). "Post-traumatic stress disorder: findings from the Australian National Survey of Mental Health and Well-being." Psychol Med **31**(7): 1237-47.

BACKGROUND: We report on the epidemiology of post-traumatic stress disorder (PTSD) in the Australian community, including information on lifetime exposure to trauma, 12-month prevalence of PTSD, sociodemographic correlates and co-morbidity. METHODS: Data were obtained from a stratified sample of 10,641 participants as part of the Australian National Survey of Mental Health and Well-being. A modified version of the Composite International Diagnostic Interview was used to determine the presence of PTSD, as well as other DSM-IV anxiety, affective and substance use disorders. RESULTS: The estimated 12-month prevalence of PTSD was 1-33%, which is considerably lower than that found in comparable North American studies. Although females were at greater risk than males within the subsample of those who had experienced trauma, the large gender differences noted in some recent epidemiological research were not replicated. Prevalence was elevated among the never married and previously married respondents, and was lower among those aged over 55. For both men and

women, rape and sexual molestation were the traumatic events most likely to be associated with PTSD. A high level of Axis 1 co-morbidity was found among those persons with PTSD. CONCLUSIONS: PTSD is a highly prevalent disorder in the Australian community and is routinely associated with high rates of anxiety, depression and substance disorders. Future research is needed to investigate rates among other populations outside the North American continent.

Dierker, L. C. and K. R. Merikangas (2001). "Familial psychiatric illness and posttraumatic stress disorder: findings from a family study of substance abuse and anxiety disorders." J Clin Psychiatry **62**(9): 715-20.

BACKGROUND: Aside from the possibility of a direct relationship between individual and familial posttraumatic stress disorder (PTSD), there is accumulating evidence that implicates a family history of psychiatric and substance use disorders as an important risk factor in the development of PTSD and associated symptoms. METHOD: The familial risk of DSM-III-R PTSD was examined within a family study of clinical- and community-ascertained probands (N = 263) and their 1206 adult first-degree relatives. RESULTS: Although PTSD among probands was not found to significantly elevate the risk of PTSD among first-degree relatives, an elevated rate of PTSD was found among the relatives of drug abusing probands compared with the relatives of probands with alcoholism, other anxiety disorders, and normal controls. Additionally, affective disorders were significantly associated with PTSD in relatives ($p < .01$). When these familial and individual associations were examined according to gender, drug disorders in probands were significantly associated with PTSD only among male relatives ($p < .01$), while the association between PTSD and comorbid affective disorders was seen primarily among female relatives ($p < .01$). CONCLUSION: Although probands in the present family study were not selected specifically for PTSD, the data afforded a unique opportunity to examine the profile of familial psychopathology as a part of the complex picture of susceptibility for PTSD. Future family study research will be able to determine the generalizability of the present findings through more complete measurement of diverse forms of trauma.

Jacobsen, L. K., S. M. Southwick, et al. (2001). "Substance use disorders in patients with posttraumatic stress disorder: A review of the literature." American Journal of Psychiatry **Vol 158(8)**: 1184-1190.

Alcohol use disorders and other substance use disorders are extremely common among patients with posttraumatic stress disorder (PTSD). This article reviews studies pertaining to the epidemiology, clinical phenomenology, and pathophysiology of comorbid PTSD and substance use disorders. Studies were identified by means of computerized and manual searches. The review of research on the pathophysiology of PTSD and substance use disorders was focused on studies of the hypothalamic-pituitary-adrenal axis and the noradrenergic system. Results indicate that high rates of comorbidity suggest that PTSD and substance use disorders are functionally related to one another. Most published data support a pathway whereby PTSD precedes substance abuse or dependence. Substances are initially used to modify PTSD symptoms. With the development of dependence, physiologic arousal resulting from substance withdrawal may exacerbate PTSD symptoms, thereby contributing to a relapse of substance use. Preclinical work has led to the proposal that in PTSD, corticotropin-releasing hormone and noradrenergic systems may interact such that the stress response is progressively augmented. Patients may use

sedatives, hypnotics, or alcohol in an effort to interrupt this progressive augmentation. (PsycINFO Database Record (c) 2002 APA, all rights reserved)

Saxon, A. J., T. M. Davis, et al. (2001). "Trauma, symptoms of posttraumatic stress disorder, and associated problems among incarcerated veterans." Psychiatric Services **Vol 52(7)**: 959-964.

Examined exposure to trauma, symptoms of posttraumatic stress disorder (PTSD), functional status, and treatment history in a group of incarcerated veterans. A convenience sample of 129 jailed veterans who agreed to receive outreach contact completed the Life Event History Questionnaire, the PTSD Checklist-Civilian Version (PCL-C), and the Addiction Severity Index. Participants who had scores of 50 or above on the PCL-C, designated as screening positive for PTSD, were compared with those whose scores were below 50, designated as screening negative for PTSD. 112 veterans (87%) reported traumatic experiences. A total of 51 veterans (39%) screened positive for PTSD, and 78 veterans (60%) screened negative. Compared with veterans who screened negative for PTSD, those who screened positive reported a greater variety of traumas; more serious current legal problems; a higher lifetime use of alcohol, cocaine, and heroin; higher recent expenditures on drugs; more psychiatric symptoms; and worse general health despite more previous psychiatric and medical treatment as well as treatment for substance abuse. The findings encourage the development of an improved treatment model to keep jailed veterans with PTSD from repeated incarceration. (PsycINFO Database Record (c) 2002 APA, all rights reserved)